

ILLINOIS COMMERCE COMMISSION

ORIGINAL

(File Original and 3 copies)

Docket No. _____
ICC Office Use Only

Please provide the appropriate information in the () areas in the heading below.

(Applicant's Name) LINC, Inc. :

Petition for Eligibility pursuant to :
83 Illinois Administrative Code 755, :
Section 210. :

03-0125

PETITION FOR ELIGIBILITY
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any)

FEIN # 37-1256881

LINC (Living Independently Now-Center)

Address: Street 1514 S Main St Suite 4

City Red Bud State/Zip IL 62278

Telephone Number (618) 282-3700

Fax Number (618) 233-3729

2. Address and telephone number of the applicant's headquarters:

Address: Street 120 E A street

City Belleville State/Zip IL 62220

Telephone Number 618-235-9988

Fax Number 618-233-3729

CHIEF CLERK'S OFFICE
2003 FEB 28 P 1:15
ILLINOIS
COMMERCE COMMISSION

3. Address and telephone number of the office in which the TTY will be located:

Address: Street 1514 S Main St Suite 4

City Red Bud State/Zip Il. 62278

Telephone Number 618-282-3700

4. 83 Illinois Administrative Code 755.10 defines organization as "... centers for independent living and those Illinois-based not-for-profit organizations not owned or operated by any political subdivision, public institution of higher learning, state agency, or municipal corporation of this State whose primary purpose is serving the needs of those persons with disabilities". Please provide a statement explaining how your organization meets the definition of an "organization."
5. Please provide a statement of the equipment set applied for and demonstrate that the organization's primary purpose is serving those persons with disabilities who require that kind of equipment set. TTY - to serve persons who are deaf.
6. Please attach a list of the full names, address and telephone numbers of the officers who can act for the organization.
7. Please attach a copy of the organization's articles of incorporation, by-laws, charter, brochures or any other documenting evidence supporting No. 4 above.
8. Please attach a copy of the organization's most recent annual report (if applicable).
9. Does the organization already possess a TTY from the Illinois Telecommunications Access Corporation (ITAC). Yes, at the Beekerville center.
10. Has the organization operated under any other name in the past? No

John A. Baker
(Signature of Applicant)

VERIFICATION

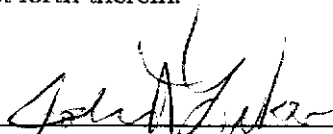
This application shall be verified under oath.

OATH

State of ILLINOIS)
County of St. Clair)ss

John A. Laker makes oath and says that he is Executive Director
(Insert here the name of affiant) (Insert the official title of the affiant)
of LINC, Inc.
(Insert here the exact legal title or name of the Applicant)

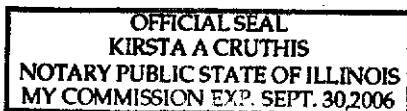
that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

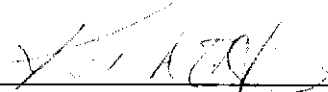

(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/

(Title of person authorized to administer oaths)

in the State and County above named, this 26th day of February 2000




(Signature of person authorized to administer oath)